

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date	Dec. 22	2005
Time Start		
Time Finish		

			Time Finish
			ENERATOR
Site Cou Nan Nan Per	ne of Inspector Consible son Interviewed	Municipality Horristown Lanles Fees official Michele Condove, E	Boro Zip 19404
	ling Address (if different		
٩m	ount of Hazardous Wast	e Generated per Month: 1255 than Pol	undsKgs
1.	Site Characterization:	35 ◊	
	STORAGE: X Conta	ainer 🔲 Tanks 🔲 Containment Bldg. 🔲 Drip	Pad Other
	PBR:	ralization/WWTP	Other
	GENERATOR TREATM	MENT ☐ Containers ☐ Tanks ☐ (
2.	Universal Waste:	Large Quantity Handler Small Quantity H	andler
		pes	
3.	Hazardous Waste Trai	nsporters:	
	Transporter Name	Clean Venture	icense Number PA - AH 0299
			icense Number
4.		aste generated and destination facility (location	
7.	Types of flazardous w	aste generated and destination facility (location	T a type).
	Waste Code	Waste Description	Destination Facility
	D009	Hazandous Waste Solids	PAD 067098 822
		(Mercury)	Cycle Chem, Inc.
		,	
	Doc 6, Doo 6	Hazardous Waste Colids	PAD 067099 322
	1		
	Doll	(Lead)	Cycle Chem, Inc.

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site	Nan	ne <u> </u>	103	tgomeny Hospital ID Number	Date	70-05	_
		1	- No	o Violation Observed 2 - Not Applicable 3 - Not Determined	4 - Non Co	mpliance	
STATUS							
1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
				Hazardous waste determination performed on all waste	262a.10	262.11	H001
Ш	<u> </u>			streams	202a.10	202.11	HUUT
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
		X		Manifests filled out correctly and completely (44 # 3	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
	X			Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
Ċ	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
	X			Special requirements followed for international shipments	262a.10	262.50	H019
						262.60	
	X			Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
同	П						

2510-FM-LRWM0129 Rev. 10/2003

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection Literature 12 2003 Identification Number PAD 0 13638 481
Company/Facility/Site Name Montgomeny Hospital
Comments: On this date. Charlis Fees of the PA DEP Conducted a hazandous waste generator in spection. Michele Condove granted permission
OBSERVATIONS
1. On 12-20-05 this hospital shipped offsite hazardous waste in the form of blood-pressure cuffs (Doog), and medical custings (Doog, Doog, Dool)
2. The EPA lists Montgomeny Hospital as a small quantity generator (SQG) of hazardous waste. However, records indicate that this hospital generates loss than 220 lb. I month, which would place Montgomeny Hospital in the conditionally exempt category.
This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.
This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein. Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.
Person Interviewed / /////////////////////////////////
Inspector
☐ White - Vendor ☐ Yellow - Regional Office ☐ Pink - Inspector

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection D	66 33, Jooz	Identification Number	170 073658981
Company/Facility/Site f	Name Mortgomen	y Hespital	
Comments:	n-determined it	lm:	
25 PA (Coly 242a, 20	" Manifests fil	led out connectly
		and complet	hely"
on the o	2 manfests ships o white its EPA	number - PAD 073	gomeny hospital
41. —	-> This number	should be writte	en in fonall
Future	shipments of h	azandous waste,	
Michela	Condour said	that the Monty	emeny Hospital
EPA no	umber novild be i	unitten for all futu	ne manifested
Sieme	inte of hazandous	, waste	
In summary,	one non-determine	ditem observed	
	the findings of an inspection conducted by		report is formal notification of any violations ein, or other violations identified as a result of
review of laboratory analyses or Dep This report does not constitute an or action for any violation noted herein	order or other appealable action of the Dep	artment. Nothing contained herein shall be	deemed to grant or imply immunity from legal
•	pt does not necessarily imply concurrence	e with the findings on this report, but does	acknowledge that the person was shown the
Person Interviewed	YUCHUL (V) (Signa	rdoul ture)	Date 12-22-05
Inspector	Procling Tell (Signa	ture)	Date <u> </u>
☐ White - Vendor	☐ Yello	w - Regional Office	Pink - Inspector

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date	March	29	2002
Time Start			
Time Finish			

	,	IAZARDOUS WASTE INSPECTION GENERATOR SQG	N REPORT SENERATOR
Sit Co Na Na Pe Ma Arr	nunty Hon + 4 in me of Inspector me & Title of Responsions on Interviewed milling Address (if different ount of Hazardous Warner output output of Hazardous Warner output output output of Hazardous Warner output outpu	nt g omeny Hospital Powell St. Normstown Nery Municipality Hornistow Chanles Fees ble Official Dave Ruko Ryan Reisen witz nt from above) ste Generated per Month: Less Han 220 po	PA 19404 Telephone (G10) 270-2036
1.	Site Characterization		
		ntainer Tanks Containment Bldg. Dr ntralization/WWTP	Other
	_	MENT Containers Tanks	
2.		Large Quantity Handler Small Quantity	**
		ypes	. (2.1.3.3)
3.	Hazardous Waste Tra		
	Transporter Name		icense Number
	Transporter Name	Clean Venture	icense Number PA-AH 0299
		L	•
١.	Types of hazardous v	waste generated and destination facility (locat	ion & type).
	Waste Code	Waste Description	Destination Facility
		0	Oycle Chem
	D008	Hazardous most a solid (lead)	PAD 067098822
	Fool	waste flammable liquids	cycle Chem
			PAD 067 098 822
			T N D OV T T T T T T T T T T T T T T T T T T

2500-FM-LRWM0276a Rev. 5/99

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Site Name Honty omany Hospital ID Number PAD 073658991 Date 3-29-2002

1 - No Violation Observed

2 - Not Applicable

3 - Not Determined

4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
Y				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
				·Identification Number	262a.10	262.12	H002
K				Authorized transporters only	262a.10	262.12(c)	H003
XXXX				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
Y			\perp	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	нооэ
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
\mathbf{x}				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X	\perp		\perp	Specified records retained for three years	262a.10	262.40(c)	H014
	(\perp	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X.	\perp		\perp	Exception reporting procedures followed	262a.42	262.42	H016
X X		\perp		Spill reporting procedures followed	262a.10	262.34(d)	H017
ليُ				PPC plan developed and implemented	262a.10	262.34(a)	H018
				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
X	,			Source reduction strategy prepared and available (LQG only)	262a.100		H020
X		I	E	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

5ER-WM-129: Rev. 12/93

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PPROTECTION BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 3-29-2002	lder	tification Number_	PAD 0	73658981
Company/Facility/Site Name	Montgomery Hospital	W		
On this date Charlie Fees of the Pa DEF		s waste generator in	spectio	n. Dave Rufo and
Ryan Reisenwitz granted permission for	r inspection.			
The following observations were made:				
1. Montgomery hospital is listed with t	he EPA as a small quar	tity generator (SQC	3) of ha	zardous waste.
2. Review of the hazardous waste manifollowing hazardous wastes:	ifests for 2001 and 2002	2 indicate that this h	ospital	generates the
a) Lead, D008 b) Toluene, D001	c) Mercury, D009	d) Activated char	coal, D	0001
3. All of these waste streams total less reisenwitz an EPA notification for conditionally exempt generator (CE	n so that Montgomery	nospital; may re-no		
No violations observed.				
This inspection report is notice of the fine notification of any violations observed during the inherein, or other violations identified as a result of revious This report does not constitute an order or imply immunity from legal action for any violation potential interviewed does person was shown the report or that a copy was left with the control of the control	nspection. Additional notification of laboratory analyses or De other appealable action of the ed herein: not necessarily imply concurre	on of violations may be in partment records. Department. Nothing con	ssued contained her	nceming either violations noted rein shall be deemed to grant or
Person interviewed (signature)	~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Date .	4/1/02
Inspector (signature)	J. J. 02 1		Date	3-29-02
				Page 3 of 3

ER-WM-312	l: Rev. 3/89
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Commonwealth of Pannsylvenis Department of Environmental Resources Bureau of Waste Management

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Inspection Report — Hazardous Waste Small Quantity Generator

Dorristown, PA 19. Norristown Bore Official Rodyn Mat	9.0. Box 99.3 404-099.3 5 ticola 1400 la	Operator Nan Address County Title Environ Title	entronery on motal service er. Lead. Sup	ies lead sperie
Inspection Date	Inspection Type	Facility Type	Inspector I.D. #	# Viclation
914 101101613141	OIL	1016	BITI3ITI	00
	للنلل		iiiiii	
vastes are not transported of	off-site, state m	anagement tech	16 (PAD0040 35	lon-Compliance
	Require	ment		Status Line 1 2 3 4 Number
Amount of wastes generated p			stor limits.	
Amount of wastes generated p	er month is within s	imali quantity genera		1 2 3 4 Number
	er month is within a	imali quantity genera		1 2 3 4 Number
Amount of wastes accumulated	er month is within a d per month is within 1 (262(b)).	mail quantity general	verator limits.	1 2 3 4 Number 960 961
Amount of wastes accumulated Hazardous waste determination	er month is within a d per month is within (262(b)). I testing when there as and dispositions of	imali quantity general n small quantity gen is a change in raw m	nerator limits.	1 2 3 4 Number 960 961 962
Amount of wastes accumulated Hazardous waste determination Repeat necessary evaluations or Records of quantities, description	er month is within a d per month is within (262(b)). I testing when there as and dispositions of request.	imali quantity general n small quantity gen is a change in raw m	nerator limits.	960 961 962 963
Amount of wastes accumulated Hazardous waste determination Repeat necessary evaluations or Records of quantities, description nished to the Department upon	er month is within a d per month is within (262(b)). I testing when there as and dispositions of request.	imali quantity general n small quantity gen is a change in raw m	nerator limits.	960 961 962 963 964
	Dorristown, PA 19 Norristown Rom Notristown Rom Official Rodyn Mot viewed Rodyn Mot out Hondye Inspection Date GIYI OHOGIYI I wastes transported off-sit si of transporter: Ecoty vastes are not transported	inspection Date Type GIY OHOGIY OH wastes transported off-site by this general off-site by this general force of transporter: Ecotyo Inc. PA-	Norristown, PA 19 474-0992 Norristown Boro County Mathicola Title Environte Postyn Mathicola Title Environte Pacific Title Environte Pacific Time 1:30 Inspection Date Type Type GIY OHOGIY DIL OKA I wastes transported off-site by this generator? Yes as of transporter: Ecotyo Inc. PA-AHO335 (Normalist Pacific Pacif	Dorristown PA 19404-0992 Norristown Poro County Montgomery Official Rodyn Marticola Title Environmental tending Viewed Rodyn Marticola Title Environmental tending Inspection Facility Inspection Date Type Type Inspector I.D. I GIY OHOGIY DIL DKG BILBLY Is wastes transported off-site by this generator? Yes & No If no, lines of transporter: Ecotyo Inc. PA-AHOBDS We 1920843133) Wastes are not transported off-site, state management technique:

Commonwelth of Penergironic Department of Environmental Recourses Survey of Waste Massachuse

Inspection Report Comments

Date of Inspection 1 6/94 Identification Number PAD073658981
Company Facility Site Name Montgomery Hospital
An inspection was performed on Thursday, lanuary 6,
1994 by Paul Hardke and Brian Kosowski. The Following
observations were made.
1. The lab within Montgomery Hospital produces very little
waste. All waste in the lab is stored in a verted
containment area until transport to Final containment
area. Material Safety Data Sneets are kept in lab and
in the Environmental Services Lead Supervisor's Office.
2. The main containment for the hazardous wask consisted
of a metal storage aboinst under lock, located in the
basement area of the hospital.
3. The last hazardous wask shipment occurred April 15.
1993, manifest number 7689942 and was
under the small quantity generator limit of 1000
Kilograms per month.
No violations were signed at this time
In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements. This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations. This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein. Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.
Inspector (signature) Paul E. Handlee Date 1/10/94

Pennsylvania Department of Environmental Resources - Berson of Wasta Management

Hazardous Waste Inspection Report Generators — Part A

596

Date of inspection 3/12/9/	Time start	Tin	ne finish
Name of inspector RICHERD J. IL	1476		
Company, installation name	ERY HOSET	701	
Location Auth MI) FORVENCE	_		
County MONTOMERY	Mur	nicipality April 15	TOWN
Identification number PAU 073658	98/		
Name of responsible official Jose VN	RELA		****
Title DIR OF ENTERONMENT			
Mailing address	WN, PR,	19401	· · · · · · · · · · · · · · · · · · ·
Area code and telephone number $3/5-2$	70 - 2093		
Name of person interviewed James			
Title Sphe			
Mailing address (if different from above)			
Area code and telephone number			
1. Current waste handling method:	<u>.</u> /		
a. 🗹 On-site 🗆 treatment,	」 storage,	□ disposal	□ PBR
•	\square reuse,	☐ recycle,	☐ reclaim
c. 🏿 Off-site 🗆 treatment,	\square storage,	🔀 disposal	
d. 🗆 Off-site 🗀 use,	☐ reuse,	☐ recycle,	□ reclaim
2. Amount of hazardous waste produced:			
a. < 1000 kg/m0	k	u./mo.	
b		g./yr.	
		g., ,	
3. Types of hazardous waste produced by Haz Waste Number Destin	ardous Waste No ation Facility	umber and destination fa	cility (include location and type). Location and Type
DOD9 MERCURY WASTE	•		Location and Type
			7.77
	-		
		1.	

Commonwealth of Ponnsylvania Department of Environmental Resources Bareau of Wasta Management

Inspection Report Comments

Date of Inspection 3/8/7/	Identification Number PROD 7363598
Company/Facility/Site Name <u>ADVICONERY</u> 1-16	25/07/16
PENISSIAN TO CONNUCT I	UDETION GIVEN BY MID JOSE VANGIA
KINDARDOUS UMSTE DETLE	AGENTION LOT KUSTLABIL LYPON PLOU
	TETSFACTORILY. NO OTHER PROBLEMS
OR LEGISTEONS LOTED.	
UNSTE DETERMENTED	N IS REQUIRED FON SQE TO BE EXE
	NOV. WILL BE SENT TO MANTEUMERY
KUGUESTZNG THEY HELP SUN	H JUFORMAZON ON FILE AND NOTING
LEGUATION.	
its corresponding obligation as described in the bod tion report as a reference to obtain a detailed desc This inspection report is official notification that of Waste Management, inspected the above installa- tion report shall serve a formal notification of any vi- be discovered upon examination of the results of la- tion may be forthcoming, concerning any violation This report does not constitute an order or other deemed to grant or imply immunity from legal acti	It a representative of the Department of Environmental Resources, Bureation. The findings of this inspection are shown in this report. This inspection. The findings of this inspection are shown in this report. This inspections which were observed during the inspection. Violations may also boratory analyses and review of Department records. Additional notifices indicated herein and listing any additional violations. For appealable action of the Department. Nothing contained herein shall be for any violation noted herein. In for any violation noted herein.
Person Interviewed (signature)	
Inspector (signature) Richard I All	Date 3/12/9/
	Page 2 at 7



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

Lee Park Suite 6010 555 North Lane Conshohocken, PA 19428 215 832-6212

April 2, 1991

Mr. Jose' Varela Director of Environmental Services Montgomery Hospital Powell & Fornance Streets Norristown, PA 19401

Re: Hazardous Waste Inspection
PAD 073658981 3/13/91

East Norriton Township NORRISTOWN
Montgomery County

NOTICE OF VIOLATION

Dear Mr. Varela:

This letter is to confirm the findings of the Department's referenced inspection of your hazardous waste activities. Requirements for hazardous waste facilities are contained in Chapters 260 through 270 of the Rules and Regulations of the Department. Violations of applicable sections of these regulations found during our inspection are as follows:

\$262.11(a) A person or municipality who generates a solid waste as defined in Section 103 of the Act (35 P.S. \$6018.103) shall determine if that waste is a hazardous waste. (d) Generators of hazardous waste excluded under \$261.5(b) shall nonetheless retain for a period of 5 years records of quantities, descriptions and dispositions of the wastes, and shall furnish the records to the Department upon request.

In conducting an investigation at Montgomery Hospital, documentation indicating that a formal hazardous waste determination had been conducted was not available. Regulations require that a generator determine if a waste is a hazardous waste. The procedures which detail how a determination shall be conducted are outlined in Chapters 261 and 262 of the Pennsylvania Code, Title 25. Under \$261.5(g), for a small quantity generator of hazardous waste to be excluded from the requirements of a large quantity generator, they must comply with the hazardous waste determination requirements of \$262.11.

You are hereby notified of both the existence of these violations as well as the need to provide for their prompt correction. Toward this end, you are requested to submit to the Department within fourteen (14) days a proposed program and schedule for abatement of these violations. The Department's inspection report contains time periods of completion of remedial actions. These reports are



Mr. Jose' Varela April 2, 1991

either enclosed or have been previously supplied to you. If your proposed abatement program indicates certain corrections cannot be completed within these time periods, you are requested to supply justification for any extensions.

This letter does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of law arising prior to or after the issuance of this letter or the conditions upon which the letter is based. This letter shall not be construed so as to waive or impair any rights of the Department of Environmental Resources, heretofore or hereafter existing.

This letter shall also not be construed as a final action of the Department of Environmental Resources.

If you have any questions concerning this matter, please feel free to contact me at The Bureau of Waste Management, phone 215 832-6212.

Very truly yours

RICHARD J. ILLIG'

Waste Management Specialist

cc: US EPA/RCRA Enforcement

Division of Compliance & Monitoring

Compliance Ms. Kurtz

Re 30 (4)91.12

Son. og Ceritral Montgomery County Since 1859

LIOSDICAL Medical Cente

Case Varela Director of Environmental Services

> Mr. Richard Illig Waste Management Specialist Lee Park Suite 6010 555 North Lane Conshohocken, PA 19428

Dear Mr. Illig:

This letter is to respond to the Hazardous Waste violations that you found during your inspection at Montgomery Hospital. (Letter dated April 2, 1991).

We are now in the process of having Lancaster Labs conduct a determination on the mecury base chemical from our Lab. After we receive the report, I will be forwarding you a copy.

This will take care of the violations as per our phone conversation on April 17, 1991.

If you have any questions, please contact me.

Very truly yours,

Ti l'hande

Jose Varela

Director of Environmental Services

CC Ms. Kurtz
US EPA/PCRA Enforcement
Division of Compliance & Monitoring
Mr. Chuck Day
File

Where quality is a science.

Please print. Circled numbers correspond with instructions on reverse side. Acct. #: Analyses Requested Blatrix For LLI use only: (5) (4) FSC: Comper # of Co 14 6, 45 Remarks Data package options: (Please circle if requested.) ornamound that requested: (Please circle) Normal Rush (Rush TAT is subject to LLI approval and surcharge.) When requesting site specific QC, please indicate QC sample and submit triplicate volume. QC Summary Rash results requested by: (Please circle) Fax Fax #:____ Tier I (NJ) Phone Phone #:____ Tier II (NJ) Lab Chain of Custody required? Yes No EPA CLP Pate Time Received by: In case we have questions when samples arrive, LLI should call: Date Time Name___ e thogáined líy: Date Time Received by: Date Time Phone Send report to:_____ 4-199 928 where her by Date Time 15 8, 4141

P.O. No.		20070
	7	7

MONTGOMERY HOSPITAL PURCHASE REQUISITION

QUANTITY	DESCRIPTION	ITEM NO.	PRICE
ļ	TELP Text for mercin		17290
	Loden As regulately		
	by DER		
			· When the state of the property and the state of the sta
			kongo upaka raini sapani kongo upak ki kili sapida aspakilidak
URCE:			
. 7 **	Star Star	navier i 1961 – 1980au Alfred Millionge Probe i Pripadolger en	nacht auf ein Freihilt das sall für Freihilt aufgebenfähre Angelein.

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Pennsylvania Department of Environmental Resources Bureau of Waste Management



Mont Gomery - Hospital

	1		11007-1	14/	•		
Date of inspect	ion <u>6//</u> 6	<i>2/9/</i> Ti	ime start $ {\cal E} $:45	T	ime finish $\frac{9:30}{}$	
		HRRD J. ILL					
Company, instal	llation name 🕏	La Marcalle	They lies	MANA	· · · · · · · · · · · · · · · · · · ·		
ocation <u></u>	WELL B	IND FORNE	VICE 575				
County 200	MAGNA MAN		Mı	unicipality 🕢	middies	own 3	
dentification nu	ımber <u>2</u>	011073658	78/				
Name of respon	nsible official_	JOSE UN	RELA				
		L-NITRONIA					
Mailing address	NOREZ	STOWN, PR	19401				
		nber <u>2/5-</u> 2					
Name of person	ı interviewed_	SAME					
Title 5/2/	56-						
Mailing address	(if different f	from above)	· · · · · · · · · · · · · · · · · · ·				
Area code and	telephone nun	mber					
4 0							
1. Current was	,			-	d:d	C 000	
		☐ treatment,	☐ storage,		disposal	□ PBR	
		use,	□ reuse,		recycle, /	☐ reclaim	
		☐ treatment,	storage,		disposal	-	
d. 🖸	☐ Off-site	use,	□ reuse,	U	recycle,	☐ reclaim	
2. Amount of	hazardous wa	ste produced:					
a		596		kg./mo.			
b				kg./yr.			
3. Types of ha	azardous wast	te produced by Haza	ardous Waste I	Number and o	destination f	facility (include location	and type).
Waste Nun			tion Facility		1	Location and Type	
						The State of	
7							

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Commonwealth of Pennsylvania Department of Environmental Resources Bureau of Waste Menagement

Inspection Report Comments

Date of Inspection	6/12/91	Identification Number ∠	PRO 073658981
Company/Facility/Site	Name SONTEC MERY	110501166	
		•	TIMOTTO 11 AF 7/17/0
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	NTMFTON CLAS STYPOL		
			The second secon
its corresponding tion report as a r This inspecti of Waste Manage tion report shall s be discovered up tion may be forth This report d deemed to grant Signature by acknowledge tha	tobligation as described in the body reference to obtain a detailed describent report is official notification that ament, inspected the above installation of any viole examination of the results of laborations, concerning any violations loes not constitute an order or other or imply immunity from legal actions the person interviewed does not it the person was shown the report	r of the regulations. Please use the cription of compliance requirements a representative of the Departmention. The findings of this inspection colations which were observed during the control of the Department	t of Environmental Resources, Bureau are shown in this report. This inspecting the inspection. Violations may also partment records. Additional notificadditional violations. ent. Nothing contained herein shall be the findings on this report, but does person.
Person Interviewed (si	gnature) Copy MRTHED TO	FACTATY	Date Date Page _2 _ of 2
Inspector (signature)	Richard I Ill	4	Date 5/18/8/
		/	Page 2 of 2

SUBJECT: RCRA Inspection - Montgomery Hospital - Norriston, Pa. PAD 073658981

DATE

FROM: OGregory A. Koltonuk,
RCRA Enforcement Section (3HW)

To:

VICKY BINETT, CHICF-RCRA Enforcement Section, 3HW 15

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS REQUIRED AT THIS TIME.

Pannsylvania Department of Environmental Resources Surgery of Waste Massacrass

Hazardous Waste Inspection Report Generators — Part A



8/12/88 Time start _____ Time finish _____ AROL A. QUIDLEY MONTGOMERY HOSPIVAL FORNANCE STREET, MORRISTOWN PA 19401 MONTGOMERY Municipality NORRISTOWN BORD. PADO73658981 Charles Day Name of responsible official Mailing address FORNANCE ST.; NORRISTOWN PA-19401 Area code and talephone number _____ Name of person interviewed Charles DAY & NOW BERTONE Area code and telephone number _____ 1. Current waste handling method: □ On-site ☐ disposal ☐ PBR ☐ treatment. ☐ storage, On-site ☐ recycle. ☐ reclaim ☐ use. ☐ reuse. ☐ Off-site ☐ disposal ☐ treatment. ☐ storage, recycle, ☐ reclaim ☐ Off-site ☐ use. reuse, 2. Amount of hezardous waste produced: kg./mo. No hazardous was te shipped off site as of this date - recent notifien kg./yr. 3. Types of hazardous waste produced by Hazardous Waste Number:

4. Are hazardous wastes transported off-site by the generator?

Yes

No

Hazardous Waste Inspection Report Comments — Part C

Date of Inspection _	8/12/88	Identification Number	PAD073658981
	Name MONTEOMER		
	PONTE OMERY		
Facility	notified as a sm	nall quantity	generator on 5/25/
	department lake		
	treat hazardor		
	Charles Day intop		
			e is from the lab.
Past	disposal practices	were diluting	waste un with
lange	e amounts of water	k and displo.	sing of them
in 31	inks leading to Nope	isteun Boso S	The As of this dak,
- Here	have been no ha	iractores wa	ske shipments
off s	site - they are sti	Il in the pa	socess of finding
liens	sed transporters t	permitted]	1503.
Naw Ber	Home Sofety Specials	st for this v	facility informed
me 4	hat a hospital consc	olding agency	told them that
			before sending them
off si	He to be incineral	ed, they me	eavested that they
treate	a of haracdous	wasto. I p	eavested that they
Submi	t a lester to the	Desartment	t stating that the
do no	of treat harasdor	is waste &	that they
mista	kinly notified as	a treater	
Resources, linspection a are indicated analyses and	ion report is official notification the Bureau of Waste Management, are shown in this report. Any vide. Violations may also be discord review of Department records. Ited herein and listing any additions.	inspected the above in plations which were u vered upon examinat Notification will be for	nstallation. The findings of this ncovered during the inspection ion of the results of laboratory
Person Interviewed (sig	gnature)		Date
Inspector (signature) _	Carol A. Que	gey	Date

Pennsylvania Department of Environmental Resources Bureau of Waste Management

SUPPLEMENT TO U.S. EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM (EPA Form 8700-12)

	Installation's EPA I.D. Number
l.	Name of Installation MONTGOMERY HOSPITAL
II.	Location of Installation
	NORRISTOWN Municipality (Township, Borough, City) MONTGOMERY County
V .	Municipality (Township, Borough, City) County IRS Employer Identification Number
/.	SIC Codes (four-digit number in order of priority)
	8062 Specify: HOSPITAL Specify:
	BOII Specify: Phys Offices Specify:
/ I.	Type of Hazardous Waste Activity
	 Z. Storer □ 3. Disposer □ 4. Reuse, Recycle, Reclaim □ 5. Permit by Rule
∕II.	Existing Environmental Permits
	A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from Proposed Sources)
	B. UIC (Underground injection of fluids) E. Municipal Waste (As defined in Act 97)
	C. RCRA (Hazardous Waste) F. Residual Waste (As defined in Act 97)
	G. Permit by Rule Name of POTW POTW NPDES Number 2 1988
	(Specify)

AUG 18 1988

100 Years of Caring

Montgomery Hospital Medical Center

August 12, 1988

Carol A. Quigley
Waste Management Specialist
Department of Environmental Resources
1875 New Hope Street
Norristown, Pa. 19401

Dear Ms. Quigley,

During your visit today you informed us that we were not, in fact, a "Treater" of hazardous waste under Pennsylvania regulations. We had been advised to check this designation by the consulting firm of ECRI located in Blue Bell, Pa. The chemist at ECRI based this on the report from the DER dated January 1988 titled HOSPITAL/INFECTIOUS WASTE MANAGEMENT and on conversations with personnel at DER here in Norristown. He felt that because we autoclaved all sharps before transporting and incinerating we were, in effect, treating that waste.

As the regulations do not apply at this time to infectious waste we would like to ammend our application to reflect only hazardous waste generation.

Thank you for bringing this to our attention and for the information we have requested from your office. Please call me if there are any further questions in this regard.

Man Bertone RN

Nan Bertone, R.N.

Hazardous Waste Management Coordinator

cc; C. Day

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	☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) ☐ a. Generator Marketing to Burner ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)																												
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			c. Bu	rner								: - :																	
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Description of Hazardous Wastes (continued from front) Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from nonspecific sources your installation handles. Use additional sheets in the four-digit number from 7 8 9 Hazardous Wastes from Specific Sources. Enter the four-digit number from the fou	er from 40 <i>CFR</i> Part 2 f necessary.	261.31 for each listed	hazardous waste
Description of Hazardous Wastes (continued from front) . Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from nonspecific sources your installation handles. Use additional sheets in the four-digit number from nonspecific sources your installation handles. Use additional sheets in the four-digit number from nonspecific sources your installation handles. Use additional sheets in the four-digit number from front).	f necessary.		
Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from nonspecific sources your installation handles. Use additional sheets in the following specific sources of the following specific sources. Enter the four-digit number from nonspecific sources. Enter the four-digit number from nonspecific sources of the following specific sources. Enter the four-digit number from nonspecific sources of the following specific sources. Enter the four-digit number from nonspecific sources of the following specific specifi	f necessary.		
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Hazardous Wastes from Specific Sources. Enter the four-digit number from		11	12
Hazardous Wastes from Specific Sources. Enter the four-digit number from			
	om 40 <i>CFR</i> Part 261.	32 for each listed haza	ardous waste from
specific sources your installation handles. Use additional sheets if necessary			
13 14 15	16	17	18
19 20 21	22	23	24
25 26 27	28	29	30
Commercial Chemical Product Hazardous Wastes. Enter the four-digit n	umber from 40 CER I	Part 261 33 for each c	hemical substance
your installation handles which may be a hazardous waste. Use additional	sheets if necessary.	rait 201.33 for each c	neniicai substance
31 32 33	34	35	36
10035 0058 0059 0	1150	10010	11201
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43 44 45	1		
Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 2 pitals, or medical and research laboratories your installation handles. Use	61.34 for each hazar additional sheets if n	dous waste from hosp lecessary.	itals, veterinary hos
49 50 51	52	53	54
Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes con	rresponding to the ch	paracteristics of nonlis	ted bazardous waste
your installation handles. (See 40 CFR Parts 261.21 — 261.24)			
1. Ignitable 2. Corrosive	☐ 3. Reacti (D003)	ve	4. Toxic (D000)
(D001) (D002)	(0003)		1DODO)
I certify under penalty of law that I have personally examine	od and am famili	ar with the inform	nation submitted
this and all attached documents, and that based on my inq	uiry of those ind	ividuals immediat	ely responsible t
obtaining the information, I believe that the submitted informationer are significant penalties for submitting false information	nation is true, act ion, including the	curate, and comple possibility of fine	ete. I am aware th and imprisonme
	I Title (type or print)	· · · · · · · · · · · · · · · · · · ·	ate Signed
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Hanny I Slehman			
A Form 8700/12 (Rev. 11-85) Reverse			

ER-WM	-53:7/86 Pennsylvania Department of Environme Bureau of Waste Managemen	
SUP	PLEMENT TO U.S. EPA NOTIFICATION OF HAZARDOUS WAS	RECEIVED
ī.	Installation's EPA I.D. Number	PA SECTIO. SEP 7 RECO
11.	Name of Installation MONTGOMERY HOS	PITAL
III.	Location of Installation	EPA, R3
	NORRISTOWN	MONTGOHERY
IV.	Municipality (Township, Borough, City) IRS Employer Identification Number	93
V.	SIC Codes (four-digit number in order of priority)	
	8062 Specify: HOSPITAL	Specify:
	BOII Specify: Phys Offices	Specify:
VI.	Type of Hazardous Waste Activity	SV . W. co
	 I. Treater I. Z. Storer I. J. Storer<!--</th--><th>AUG 1 1 1988</th>	AUG 1 1 1988
VII.	Existing Environmental Permits	Established to the second
VII.		Air Emissions from Proposed Sources)
	B. UIC (Underground injection of fluids) E. Municip	pal Waste (As defined in Act 97)
	C. RCRA (Hazardous Waste) F. Residua	al Waste (As defined in Act 97)
	G. Permit by Rule Name of POTW	DEBIVE,
	POTW NPDES Number	2 1988
	H. Other	

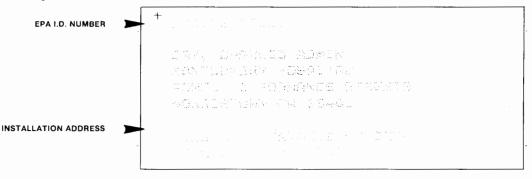
(Specify)



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)